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COVER LETTER

TO:

Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, FL 32314

	/ \\ \\			
SUBJECT: CINCAL	Name of Limi	read to the second		
Time enclosed Articles of An				
	C'CHICOMC	Minick. Name of Person	<u>.</u>	#17.0T*
	Chef earl	Finn/Company		···
	10240 Collins	Address		
	Bil Harters	City/State and Zip Code		
	Chef Chrismini E-mail address: (1	to be used for future annual	report notification)	·······
For further information cond	cerning this matter, please ca	aff:		
Cally have the Name of Pe	arson	at (176) Area Code	877-1984 Daytime Teleph	one Number
Enclosed is a check for the l	following amount:			
£3 \$25.00 Filing Fee	□ \$30.00 Filing Fee & Certificate of Status	☐ \$55.00 Filing Fee of Certified Copy (additional copy is end		\$60,00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address: Registration Second Division of Cor			ddress: ation Section n of Corporation	ons

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

Cher	Coil's	
(Name of the Limite	d Liability Company as it now appears on our red A Florida Limited Liability Company)	- · · · · · · · · · · · · · · · · · · ·
The Articles of Organization for this Limited Lia	ability Company were filed on11712	Olu : and assigned.
Florida document number <u>L. NOCO 2040 S</u>	<u> </u>	F in
This amendment is submitted to amend the follow	wing:	7
A. If amending name, enter the new name of	the limited liability company here:	27
The new name must be distinguishable and contain the wo Enter new principal offices address, if applica (Principal office address MUST BE A STREET	ble:	LLC" or the abbreviation "L.L.C."
Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE E	<u></u>	
B. If amending the registered agent and/or reagent and/or the new registered office address		iter the name of the new registere
Name of New Registered Agent:	Catherine Hinel	<u>S</u> -
New Registered Office Address:	10210 COILINS AUC. OF Finter Florida street ac	
	1011-1007	, Florida 35154 Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	Address	Type of Action
MGR_	Jans, Davida	10240 Collins Ace Ond 105	□ Add
		William, F.L. 33154	⊠Remove
		·	□Change
MGR	CHTHERINE HINDS	10040 Colles her Unit 105	[3] Add
		Minming F.L BOISY	□Remove
		•	□Change
			□Add
			□Remove
			□Change
			□Add
			□Remove
			□Change
			□ Add
			□Remove
			□Change
			□Add
			□Remove
			□Change

If amending any other inform	nation, enter change(s) here:	(Attach additional sheets, if r	necessary.)
<u></u>			
Effective date, if other than t (If an effective date is listed, the date is Note: If the date inserted in this document's effective date on the	block does not meet the applica	ible statutory titing requirements	optional) after filing.) Pursuant to 605.0207 (, this date will not be listed as t
ne record specifies a delayed effect and is filed.	tive date, but not an effective ti	me, at 12:01 a.m. on the earlier o	f: (b) The 90th day after the
Dated	Signature of a member or autho	orized representative of a member	
		n (15 ad name of signee	